

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
ROAD TOLL BUREAU
33 HAZEN DRIVE
CONCORD NH 03305

TELEPHONE: (603) 271-2302

TDD Access: Relay NH 1-800-735-2964

ROAD TOLL REFUND APPLICATION MUNICIPAL AND COUNTY TAX PAID DIESEL ONLY

FOR OFFICIAL USE ONLY:

CLAIM NUMBER:				
CLASS NO.	NO. MOS.			
APPROVED	DISALLOWED			
GALS.	GALS.			
\$	\$			
BY	REASON NO.			
DATE				

				-				
CITY, TOWN, SCHOOL DISTRICT, VILLAGE DISTRICT OR COUNTY			DEPARTMENT					
(OFFICE ADDRESS) STREET		CITY/TOWN	STATE	ZIP CODE	TELEPHO	TELEPHONE NUMBER		
This is to certify that the above has purchased diesel upon which the road toll has been paid and the diesel purchased was subsequently used in motor vehicles owned by the applicant, in accordance with RSA 260:47.								
Period of		yr	_ through		yr			
APPLICANT'S CLAIM								
	1. Total gallons, as per attached invoices			Gals.				
	2. Total gallons cor	nsumed:			Gals.			
	3. Amount of refund	d (Line 2 X \$0.18	3)	\$				
Only photocopies of all purchases bearing name and address of supplier and name of the applicant together with evidence of payment must be attached. Photocopies of invoices cannot be returned to the applicant.								
Evidence of payment : Each invoice must be receipted by the supplier as being paid, or if payment is made by check, the date of payment and check number must be supplied.								
applicant. Applic	.01 (f): "Motor fuel claim cation for a refund shall claim in accordance with cral excise taxes on fuels."	be submitted quartei n RSA 260:47, III (a)	rly by the las) which requi	st day of the first quares the same filing p	arter following th period for refund	ne last quarter		
	asures or changes in e	either the dates, ar	mounts show	wn in the invoice or	evidence of p	ayment shall		
Signature	application is signed under penalty	of unsworn falsification pur	Title					